good. The radiologist, if need should arise, could make some attempt to treat a case of pneumonia or of a fractured leg. So, on the other hand, can the physician, surgeon, and general practitioner interpret *x*-ray films, and, with adequate training, take them. We are all liable to err at times, but the possibility of error is manifestly greater when we tread less familiar paths. Surely, therefore, it is in the best interests of the patient that diagnosis and treatment in any branch of medicine should be undertaken by practitioners who have specially qualified themselves in that branch. When more than one practitioner is treating a case co-operation should be of the closest.

In some respects, however, as so clearly pointed out by "Sympathizer" (December 14th, 1935, p. 1178), the case of the radiologist demands special consideration. It is sometimes difficult for the general practitioner who runs a small *x*-ray apparatus and has other sources of income to realize the enormous overhead expenses of the consulting radiologist in maintaining a much larger and more powerful plant which can be adapted to every type of work. If in the future all the so-called minor radiology is to be done by general practitioners, and only the more complicated type of examination (such as barium meals, pyelography, lipiodol injection of the lungs, etc.) is referred to the consulting radiologists, the latter will soon be forced to disappear from private practice, and will remain only as whole-time fully paid consultants at the larger hospitals. The reason for this is that profit in the larger examinations is proportionately much smaller than in the others. This state of affairs is, in fact, already beginning to have a serious effect, especially when taken in conjunction with the increasing amount of voluntary work done at the hospitals.

Dr. Frederic Sanders (December 28th, p. 1282) has a sense of humour, so he will forgive me reminding him that to be consistent he must make a present of a stethoscope or a blood pressure instrument to every patient on whom he uses one! For, presumably, the patient "buys" these together with his opinion. Let me assure him that the radiologist does not request the return of his "pieces of celluloid" merely to insist on some legal right. He preserves them (*a*) for reference when interpreting other films of a similar type, (*b*) to show to other radiologists if they are of special interest, and (*c*) to ensure that when required for purposes of reference they may be instantly produced and not, as so often occurs when they go out of his hands, be lost or hopelessly damaged.—I am, etc.,

Bournemouth, Dec. 30th, 1935. G. L. BUCKLEY.

SIR,—As a practitioner who has found radiography a very useful "side-line," may I be permitted to add some comments to the interesting correspondence on this matter? Many of the writers appear to think that both the user of the "toy set" and the "toy set" itself are a menace. "M.D." (*Journal*, December 21st, p. 1232) says "toy sets which . . . may be adequate for the diagnosis of fractured phalanges are . . . frequently employed in the most inexpert manner for work which is far beyond their capacity," and so I feel that in all fairness the "toy set" and its user should be defended.

1. I have had such a set for seven years.

2. Some 80 per cent. of the work consists of fractures and query fractures.

3. Many doctors and consultants have complimented me on the excellence of the films taken, in that bony detail, for instance, is perfect.

4. Manufacturers of films used by me have asked for some of my radiographs for advertising purposes.

5. The set is portable. The boon to the elderly patient with a fractured femur, who can have the picture taken at the bedside, is of inestimable value.

6. It will not take lateral spines, dorsal spines, pelves, or any abdominal pictures in very fat people. Therefore, if I am asked to do such examinations, I quote "M.D." in that the "work is far beyond its capacity," and refuse to undertake it.

7. Over a score of local doctors have been good enough to give me work during the last seven years, and they continue to do so.

8. If a picture of mine looks like "a cuttlefish" I repeat the examination until I get a satisfactory result.

9. The immense value of the apparatus was never more realized by me than when I had to *x*-ray a member of my family every day for three weeks in order to follow the progress of a foreign body in the gut.

10. The "toy" has been good enough to be used at the local children's hospital when its *x*-ray plant has been temporarily out of order.

11. It takes excellent chest films, one of which was shown at the Medical Exhibition, and a series of which I have recently shown to my local medical society.

12. Should there be a doubt as to the interpretation of a film I would not dream of moving further without a second opinion.

13. With regard to the one "who himself *x*-rays all his patients" I may say that less than 10 per cent. of *x*-rays done on my own patients have shown no abnormality.

As far as I am concerned the "toy set" has proved a boon and a blessing to my colleagues, my patients, and myself. Its limitations must be recognized, and are recognized; but for straightforward routine work on fractures and chests my own experience and that of dozens of others is that the "toy set," so heartily condemned by some of your correspondents, is definitely a useful, sensible, and necessary part of the equipment of the general practitioner.—I am, etc.,

December 21st, 1935. TOY LOVER.

SIR,—The letters in your issue of December 14th reveal the real reason why radiology stands where it does to-day—that is, the status of the radiologist. As is rightly pointed out, a large proportion of the medical profession look upon us as merely the producers of photographs, which they themselves profess to interpret, and we are not considered in the light of consultants to whom patients are sent for an opinion. Actually the whole root of the trouble lies in the pernicious system of sending out films or prints to the doctor referring the case, who, as often as not, passes them on to the patient, who proudly exhibits them to his relations and friends in much the same way as he would a studio portrait.

In my opinion the skiagram is merely a means to an end—that is, it is the basis on which, together with the history and clinical findings, the radiologist arrives at his diagnosis, and it is not in any sense a picture for public exhibition. In many cases a film is quite unnecessary, but one is taken in order to confirm the fluoroscopic findings. If microphotography were as popular as radiography is to-day the pathologist would be required to furnish such photographs with his report on every specimen of blood, sputum, etc., which was sent to him, and he would find himself soon in very much the same position as the radiologist to-day. In support of this I would quote from one letter received from a patient, who says: "I have received your account but not the prints." Surely comment is unnecessary.

If the radiologists in this country would agree that no films or prints should ever be sent away from their consulting rooms it would put an end to the impression, at all events in the lay mind, that we are merely photographers, and would go a long way towards solving the problem of our status. If a doctor referring a case for a radiological opinion is sufficiently interested in his patient he will come and talk over the case with the radiologist,